

**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

		Application Number	09/978,581
		Filing Date	10/18/2001
		First Named Inventor	David M. Britz
		Group Art Unit	2638
		Examiner Name	Tran, Dzung D.
Total Number of Pages in this Submission	5	Attorney Docket Number	2000-0603A

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) – Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Issue Fee - Part B Transmittal (2 copies) and "Fee Address" Indication Form </div>		
Remarks: Response to Notice of Allowance and Fee due mailed 06/24/2005		

CORRESPONDENCE ADDRESS

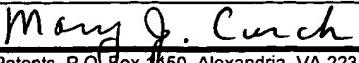
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		Customer Number - 26652		or <input type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908 707-1573		
SIGNATURE	 DATE 08/31/2005		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 08/31/2005

Type or Printed Name	Mary J. Curch		
Signature		Date	08/31/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450